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CONFIRMATION NO. 4466

<b>SERIAL NUMBER</b> 10/533,502	<b>FILING OR 371(c) DATE</b> 05/02/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> P51381
<b>APPLICANTS</b> Jeffrey Michael Axten, Collegeville, PA; William Henry Miller, Collegeville, PA; Mark Andrew Seefeld, Collegeville, PA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/35201 11/04/2003 which claims benefit of 60/423,858 11/05/2002				
<b>** FOREIGN APPLICATIONS *****</b> None.				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/15/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>gnd</u> Examiner's Signature <u>gnd</u> Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20462				
<b>TITLE</b> ANTIBACTERIAL AGENTS				
<b>FILING FEE RECEIVED</b> 500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	